TOWNSHIP OF FLORENCE OFFICE OF THE PLANNING AND ZONING BOARDS

TAX COLLECTOR'S CERTIFICATION

Applicant's Name, Address and Telephone Number:			
Block/s:			Lot/s:
		ress:	
Prop	perty O	owner's Name, Address and Telephone	Number <u>IF DIFFERENT FROM APPLICANT</u>
I HE	EREBY	CERTIFY THAT:	
()	There is due to the Township of Floramounts:	ence, on the above property, the following
		Taxes:	\$
		Assessments:	\$
		Water and/or Sewer Charges:	\$
		TOTAL:	\$
()	ALL Taxes, Assessments and Water and/or Sewer Charges on the above property are paid in full.	
Ann Date		hubert, Tax Collector	

<u>PLEASE NOTE:</u> This document <u>must be completed by the Tax Office</u> <u>BEFORE</u> it is submitted with the application package.